

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

maintenance fee notificati	ions,	lock I for any change of address	(=) =p+++1/11g tt nott co	openidence analess	s, and or (t	o) muicaung a sep	should be completed whe t correspondence address : arate "FEE ADDRESS" f
	Fe par	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.					
		1/2007		Can	rtifients of	Mailing or Trans	micolan
James M. Singe Pepper Hamilton			1 h	ereby certify that the	iis Fee(s) 1	ransmittal is being	smission g deposited with the Unite st class mail in an envelop above, or being facsimil late indicated below.
One Mellon Cent			ade	ressed to the Mai	Vitti surfici I Stop ISS	ent postage for fir SUE_FEE_address	st class mail in an envelop above, or being facsimil
500 Grant Street	ci, 50th i 1001		tra:	ismitted to the USP	TO (571) 2	273-2885, on the c	late indicated below.
Pittsburgh, PA 15	219						(Depositor's name)
							(Signature)
	<u>.</u>					******	(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/690,761			Steven W. Webb		128346-60701 5364		
TITLE OF INVENTION:	CUTTING TOOL INS	ERTS AND METHODS	TO MANUFACTURE				3304
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE T	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	06/21/2007
EXAMIN	EXAMINER		CLASS-SUBCLASS				
ADDISU, SARA		3722	407-113000	J			
1. Change of corresponden	ce address or indication	of "Fee Address" (37	2. For printing on the p	atent front page, lis	t.		
CFR 1.363). Change of correspon	dence address (or Cha	ige of Correspondence	(1) the names of up to 3 registered patent attorneys a Pepper Hamilton LLP or agents OR, alternatively,				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME ANI	O RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	e)	······		
PLEASE NOTE: Unless	s an assignee is identi	fied below, no assignee	data will appear on the pa	tent. If an assigne	e is identit	fied below, the do	cument has been filed for
(A) NAME OF ASSIGN	ies, et komi. IEE	ection of this form is NO	(B) RESIDENCE: (CITY	issignment.	``		
	ovations, Inc	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
			Worthington				
Please check the appropriate	e assignee category or o	categories (will not be pr	inted on the patent):	Individual 🗴 Cor	poration or	other private grou	p entity Government
4a. The following fee(s) are	submitted:	Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)					
Issue Fee		A check is enclosed.					
Publication Fee (No s	mall entity discount po	Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of	Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form).					
5. Change in Entity Status							······································
On a. Applicant claims Si	MALL ENTITY status	. See 37 CFR 1.27.	b. Applicant is no long	er claiming SMALI	ENTITY	status. See 37 CFF	R 1.27(g)(2).
NOTE: The Issue Fee and Pinterest as shown by the reco	ords of the United State	s Patent and Trademark	from anyone other than the Office.	e applicant; a regist	ered attorn	ey or agent; or the	assignee or other party in
Authorized Signature			Acceptance of	Date Mav	15, 20	<u> </u>	
Typed or printed name	James M. Sir	ncer	— · · · · · · · · · · · · · · · · · · ·				······································
				Registration No.		,111	~~~~
This collection of information an application. Confidentialissibmutting the completed apthis form and/or suggestions. Boy 1450. Alexandria, Virginal Confedence of the Confed	m is required by 37 CF ty is governed by 35 L	R 1.311. The information I.S.C. 122 and 37 CFR 1	is required to obtain or re .14. This collection is estir	tain a benefit by the nated to take 12 mi	public wh nutes to co	ich is to file (and b	y the USPTO to process)
this form and/or suggestions	for reducing this burd	on, should be sent to the	ucpending upon the individ Chief Information Officer,	ual case. Any com U.S. Patent and Ti	ments on t ademark C	he amount of time Office. U.S. Denart	you require to complete

Th an sui thi 50. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.